		MAR 0 1 2018
UNITED STATES HOUSE OF REPRESENTATIVES FORM B FOR New Members, Candidates, and N	FORM B andidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: EDWARD R. ZIEGLER Daytime Telephone:	ne:	U.S. HOUSE UF DE 1 27
New Member of or Cendidete for State:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principel Assistant	Period Covered: January 1, 2017 to _ FER NULLY 26, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	SNC	
A. Did you, your spouse, or your dependent child: a. Own any reportable esset that was worth more than \$1,000 et the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable esset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting yes No no lingthe date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoreria, or pension/IRA distributions) of \$200 or more during the reporting period? F. loading the yes No yes	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an he current calendar Yes No
D. Did you, your spouse, or your dependent child heve eny reportable Yes No J. I sin	J. Did you receive compensation of more then \$5,000 from a single source in the current year and two prior years?	en \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	DULE IF YOU ANSWER "YES" HAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	ANSWER BOTH OF THES	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics end certain other "excepted trusts" nee from this report details of such a trust that benefits you, your spouse, or dependent child?	"excepted trusts" need not be disclosed. Heve you excluded	Heve you excluded Yes No 📉
EXEMPTION – Have you excluded from this report eny other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ouse or dependent child because they rne	eet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: EDWARD R. ZIGGLER Page 1 of 2

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11	 , j	1.3	-	اء مع	+			For bank and other cesh accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is \$0,000, list every financial institution where there is \$0,000, list every financial institution where there is \$0,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state. For an ownership interest in a privately-held business froi an ownership interest in a privately-held business. The nature of its activities, and its geographic location in Block A. Excutude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please creck the "EIF" box. If you so choose, you may indicate that an asset or income source is that or your spouse (SP) or of home source is that or your spouse (SP) or longer and the program on the far left. For a detailed discussion of Schedula A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that axceeds the reporting thresholds.	identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the and of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	≽	
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					T			Over \$5,000,000 ≚		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. "or all other assets indicate the category of income by checking the appropriate box below. Dividends, laiserest, and capital gains, even if reinvested, must be disclosed so income for assets held in taxable accounts. Check "None" if no income was samed or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	
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SCHEDULE A -
ASSETS &
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Name:

EDWARD R ZIEGLER

Page 2

Assets and/or Income Sources						≦	Value of Asset	<u>o</u>	×	Se	7								J	Type of Income	ğ	3	of Inco	ğ													₹	ğ	豆 こ	으	Amount of Income	3	0									
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SCHEDULE C - EARNED INCOME

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List the source, typa, and amount of earned incoma from any source (other than the filer's current employment by tha U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spousa, list the source and amount of any honorania. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on Housa payroll. The 2016 limit on outside earned incoma for Members and employees compensated at or above the "sanior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, cartain types of income (notably honoraria, director's faes, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Resarva pay), fedaral retirement progrems, and benefits received under tha Social Security Act.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Yaar to Filing	Preceding Yaar
	Hororarium	\$0	\$500
Examples: State or Maryland Cot. 2) Chill War Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 N/A	\$76,000 \$1,000 N/A
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	Denote 217	80,000	300 000
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SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to eny one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or ere a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own en interest (unless you ere personally liable); end liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belence at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
SELF	N	BEA	Example			
-5	EQUITY FINDUCIAL	BEACON FUNDING	First Bank of Wilmington, DE	Creditor		
1 100	71 01	عا / 3	5/98	Liability incurred MO/YR	7	
CAMPAIGN LOAN	שוויישל שונ	OIL AND DAS EXUITS	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	A	
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				\$500,001- \$1,000,000	П	Amount of Liability
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				\$25,000,001- \$50,000,000		
				Over \$50,000,000	٠.	1
				Over \$1,000,000* (Spouse/DC Liability)	×	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporetion, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemel, or period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. political entities (such as political perties and campaign organizations), end positions solely of an honorary nature. New Members and second-year candidetes report positions held in the reporting

MANDGING MEMBER 21	7 TUBOISENT	TANDGING TIENDER OF	SOLU NUNDENDENDENDENDENDENDENDENDENDENDENDENDEN	TREASURER 7	Position
BIEGGER FAMILY LAND AND MINBROLS LLC	JEGHER-PERN INC	OIL 8458625 LLC	EDWAND R, ZIEGIER, LLC	FIEGRED FOR CONGRESS COMPINEZER	Name of Organization

SCHEDULE F - AGREEMENTS

Name: EDWAND R ZIEGELED Page 1 of 1	Page_ of
gement that you have with respect to: future employment, a leave of absence during the period of government service;	f government service;
r than the I.I.S. novemment: or continuing participation in an employee welfare or benefit plan maintained by a former	aintained by a former

dentify the da ontinuation or imployer.	tentify the date, parties to, end general terms of eny egreement or arrangement that you have with respect to: future employment; a continuation or deferral of peyments by a former or current employer other than the U.S. government; or continuing participation in an imployer.	sentify the date, parties to, end generel terms of eny egreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; onlinuation or deferral of peyments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plen maintained by a former imployer.
Date	Parties to Agreement	Terms of Agreement
	DD	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of eny corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more then \$5,000. Exclude: Payments by the U.S. government and eny information considered confidential es a result of e privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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FILER NOTES (Optional)

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